

AO 440 (Rev. 12/09) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

District of Delaware

DAVOL, INC.,

Plaintiff

v.

ATRIUM MEDICAL CORPORATION,

Defendant

)
)
)
) Civil Action No.
)
)
)

12 - 958

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* Atrium Medical Corporation
c/o The Corporation Trust Company
1209 Orange Street
Wilmington, DE 19801

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Jack B. Blumenfeld
Morris, Nichols, Arsht & Tunnell LLP
1201 North Market Street
P.O. Box 1347
Wilmington, DE 19899-1347

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: JUL 20 2012


Signature of Clerk or Deputy Clerk

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Civil Action No. _____

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* Atrium Medical Corporation
 was received by me on *(date)* 02/19/2013.

☐ I personally served the summons on the individual at *(place)* _____
 on *(date)* _____; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
 _____, a person of suitable age and discretion who resides there,
 on *(date)* _____, and mailed a copy to the individual's last known address; or

☒ I served the summons on *(name of individual)* The Corporation Trust Company, who is
 designated by law to accept service of process on behalf of *(name of organization)* _____
Atrium Medical Corporation on *(date)* 02/19/2013; or

☐ I returned the summons unexecuted because _____; or

☐ Other *(specify)*: _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: 02/19/2013



 Server's signature

Mark Murphy, Messenger

 Printed name and title

1201 North Market Street
P.O. Box 1347
Wilmington, DE 19899

 Server's address

Additional information regarding attempted service, etc: